



DEFENSE CENTERS  
OF EXCELLENCE

For Psychological Health  
& Traumatic Brain Injury

# Reducing Stigma & Building Resilience

“The views expressed in this presentation are those of the author, and do not necessarily reflect the position of the Department of Defense.”



# Stigma

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Stigma can be described as:

A negative view of psychological health issues in general, and of seeking needed help in particular.



# Stigma

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Stigma can be caused by many factors including:

- Family/social group views of psychological health
- Prior experience with mental health services
- Views expressed/demonstrated by peers
- Views expressed/demonstrated by leaders



# Stigma

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Factors causing stigma (continued):

- Fear that seeking help will impact on one's career or standing with peers
- Policies that lead to adverse career actions for those with PH problems
- Belief that mental health care will be ineffective
- Spiritual beliefs that disapprove of mental health care
- Fear that mental health care will consist only of being "drugged up"



# Stigma

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Evidence on effective ways to reduce stigma is limited, however most efforts to reduce stigma focus on the following:

- Education designed to “normalize” seeking care
- Leadership training
- Changing policies that tend to discourage seeking care
- Anonymity of care



# Stigma – Ongoing Efforts



Confidential (relatively) options for help:

- Afterdeployment.org
- Chaplains
- Military OneSource
- Service family/community programs
- Unmonitored civilian care (not an approved option, but used by some Service members)



# Stigma – Ongoing Efforts



- Armed Forces Network PSAs
- Air Force limited confidentiality policy
- Leadership/deckplate training
- Change to “Question 21” on security clearance questionnaire
- Marine Corps Commandant message
- Primary Care mental health
  - BHI/O P
  - RESPECT-MIL



# Stigma – Ongoing Efforts



## *Standard Form 86, Question 21 – Revised (Feb 2008)*

***Mental health counseling in and of itself is not a reason to revoke or deny a clearance.***

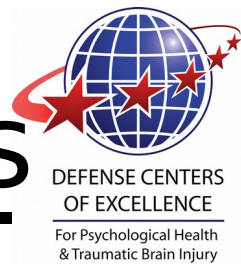
*In the last 7 years, have you consulted with a health care professional regarding an emotional or mental health condition or were you hospitalized for such a condition?*

***Answer "No" if the counseling was for any of the following reasons and was not court-ordered:***

- ***strictly marital, family, grief not related to violence by you; or***
- ***strictly related to adjustments from service in a military combat environment.***

*If you answered "Yes," indicate who conducted the treatment and/or counseling, provide the following information, and sign the Authorization for Release of Medical Information Pursuant to the Health Insurance Portability and Accountability Act (HIPAA).*





# Stigma – Potential Ideas

- Increased confidentiality for evaluations/treatment, including substance abuse
- Modify policies, when possible, to avoid stigma
- Universal face-to-face screenings after deployment
- Virtual therapies



# Resilience & Stigma

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Resilience can be defined as:

**A key Warrior and Family skill that enhances readiness; a dynamic process involving positive adaptation despite significant adversity.**

Many resilience programs contain a significant anti-stigma component.



# Resilience

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## DoD Resilience Building Efforts:

- Real Warriors Campaign
- Resilience Conference

## Service Level Efforts:

- Battlemind (Army)
- Comprehensive Warrior Fitness (Army)
- Project F.O.C.U.S. (Marine Corps/Navy)
- O.S.C.A.R. (Marine Corps)
- Landing Gear (Air Force)
- Frontline supervisors training (Air Force)



# Resilience

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- There are many, many local and regional efforts ongoing
- Few of these efforts have had significant outcomes measurement/program effectiveness evaluation
- Warrior Wellness Innovation Network (WWIN)



# Building a Culture of Resilience

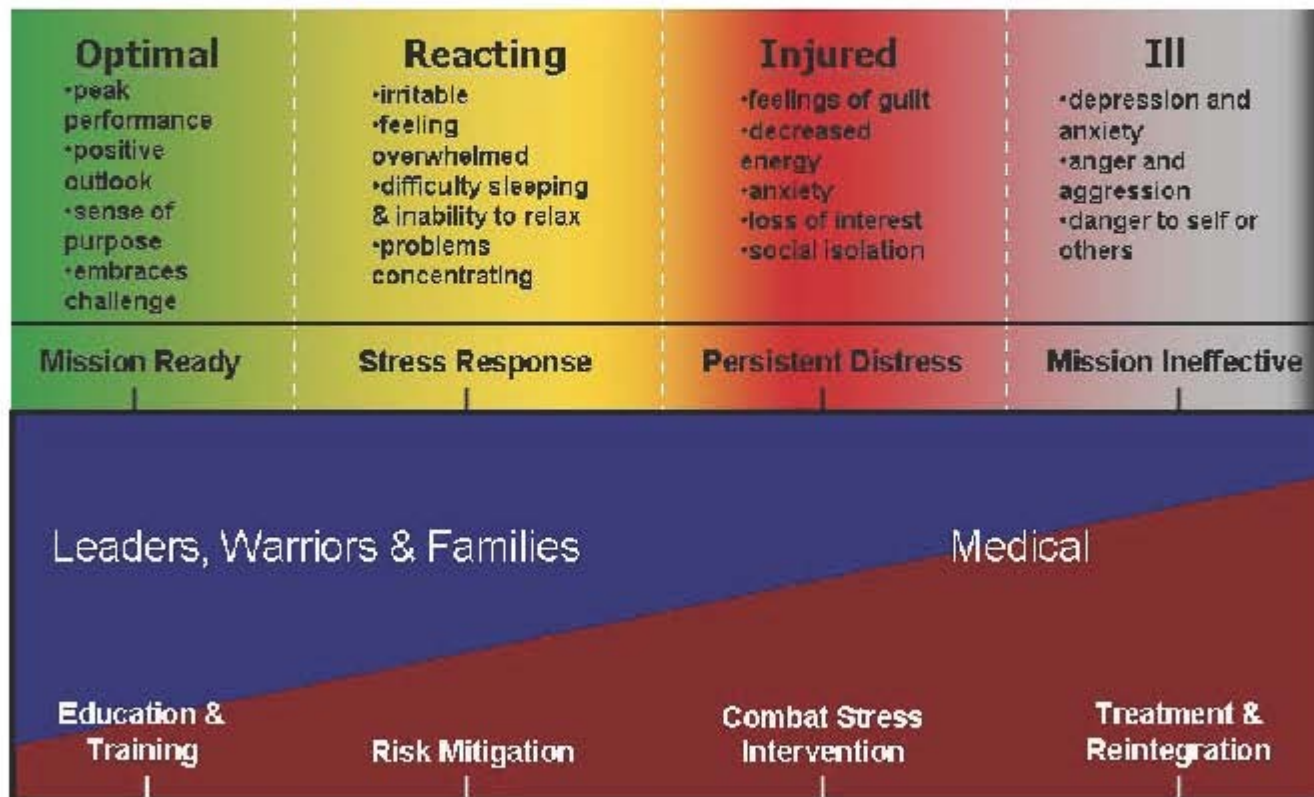


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## EARLY INTERVENTION

RESILIENCE



RE-ENGAGEMENT

## RECOVERY



# Real Warriors Campaign



Theme “Real Warriors, Real Battles, Real Strength”

- Multimedia campaign
- Education about stress and other PH issues
- Testimonials from senior leaders and others who have successfully sought help when needed
- Identifies available resources
- Full launch early April 2009



# Resilience Conference

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- Anticipated to be an annual event
- DCoE sponsored
- First held in National Capital area in November 2008
- Included line, medical and non-medical provider leaders
- Featured Service presentations about resilience building and anti-stigma efforts
- Planning sessions to determine the way forward



# Resilience - Army

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## Battlemind Program

- Components for:
  - Leaders
  - Soldiers
  - Pre and Post deployment
- Periodic Battlemind “debriefings” during deployment (time, not traumatic incident based)
- Family component being discussed





# Resilience - Army

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## Comprehensive Warrior Fitness

- Early assessment
- Career-long education and training
- Intervention when indicated
- Therapy when needed
- Focus on post-traumatic growth
- Family component being developed
- Roll out anticipated March 2009



# Resilience – USMC/Navy



## Individual Augmentee (NIACT) training Project F.O.C.U.S. (Families)

- Provides skill building, including when to seek help
- Sessions for parents, children, and the entire family
- Currently offered in limited locations, primarily on larger USMC bases



# Resilience – USMC

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## Operational Stress Control and Readiness (OSCAR) teams

- Embedded mental health providers
- Involves pre and post deployment training
- Persists in garrison
- Limited peer counseling/support
- Currently in all Marine Divisions, being expanded to most larger Marine units



# Resilience – Air Force

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## Landing Gear (Air Force)

- Designed to increase the recognition of Airmen suffering from traumatic stress symptoms and connect them with helping resources
- PowerPoint based briefing with significant time for discussion



# Resilience – Air Force

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## Frontline Supervisors Training

- Half-day workshop for supervisors
- Uses “PRESS”:
  - Prepare
  - Recognize
  - Engage
  - Send
  - Sustain



# Provider-specific Issues



- Providers are often among the most reluctant to seek care
- May be due to licensure/privileging concerns
- Most states ask about mental health history on initial and renewal of licensure
- Fear of loss of stature with peers, potential patients
- Time may also be a factor



# Provider-specific Issues



Army and Navy (includes USMC) have newly created programs for providers

- Army:
  - 30 minute video followed by 2 hour initial training with annual updates
- Navy/USMC:
  - Combination of presentations and discussion
  - Considering adoption of mindfulness program for providers



# Challenges

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How can we effectively balance the need for care to be confidential yet provide commands information they need to complete the mission?

What policies increase stigma?

Can/should these policies be changed?

Few of our anti-stigma efforts reach families – how can we more effectively reduce stigma for family members?

Can/should we use the TRICARE network to reduce stigma?





# Challenges

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What would you do if a member of your staff or your family was having mental health problems?

What if you needed the help?



# Questions?

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